2003 – 2004 Annual Report Kentucky Board Of Medical Licensure Danny M. Clark, M.D., President

By statute the Board of Medical Licensure's responsibilities include licensing of medical and osteopathic physicians practicing in the state, renewal of licenses, regulating and enforcement and other commitments to patient health care safety in the Commonwealth. The Board enforces Kentucky Statutes as it relates to physician, physician assistant and athletic trainer conduct and quality of care.

These responsibilities include investigating grievances, addressing practice issues and better defining professional conduct and applying appropriate disciplinary action to physicians who have broken the public's trust through violations of the Medical Practice Act. Grievances received in the Board's office are investigated thoroughly. If the grievances cannot be resolved through an informal process, a formal hearing is conducted to determine the facts, severity of offense and whether sanctions against the physician are needed.

At the present time the Board is made up of fifteen members. It consists of seven medical physicians who are in private practice throughout the state, one osteopathic physician, three consumer at large representatives, representatives of the three medical/osteopathic schools in the state and the Commissioner of Public Health for the Cabinet for Health and Family Services.

Mary Helen Davis, M.D., of Louisville is the newest member of the Board. She replaced Virginia T. Keeney, M.D., whose term expired this past year. Also, Emery A. Wilson, M.D., who served on the Board as Dean of the University of Kentucky College of Medicine for the past seventeen years and Rice C. Leach, M.D., who has served as Commissioner for the Department for Public Health Cabinet for Health Services for the past twelve years retired this past year. The Board extends its best wishes to these physicians for their dedication and leadership, which has benefited physicians as well as the citizens of Kentucky.

Over the past few years, a great deal of attention has been focused on Kentucky's existing prescription drug abuse problem. In 2003 the Kentucky General Assembly created a Prescription Drug Abuse Task Force to study this issue. Rice Leach, M.D. and I served on the Task Force as physician representatives. Its charge was to review the current KASPER system and study issues surrounding drug enforcement and diversion of controlled substances in the state. Several meetings were held and recommendations were submitted to the 2004 General Assembly. As a result, a bill was passed that enhanced the KASPER program to allow it to share information with other state agencies.

Currently I am serving as the Board's representative on the Statewide Drug Control Policy Assessment Summit. This group was appointed by the Governor and is being chaired by Lieutenant Governor Steve Pence. The committee is taking a comprehensive look at substance abuse problems in the Commonwealth and will make recommendations to the Governor concerning the development of a comprehensive state drug control policy. We anticipate legislation being introduced in the next legislative session to address this problem.

The 2004 Legislative Session proved to be a very productive experience for the Board. We were involved in the deliberation of several pieces of legislation during the session. The following Bills were of particular interest:

- HB456 gives the Board the authority to issue Faculty Licenses that will allow our medical schools to have greater flexibility to recruit quality faculty members. The Bill also requires program directors of postgraduate training programs in the state to report trainees who are released or discharged from their training program for disciplinary reasons.
- SB14 was a product of the Prescription Drug Abuse Task Force. It expands the authority of the Cabinet for Health and Family Services to share KASPER reports and information with the Board on physicians that may be over prescribing controlled substances.
- SB206 provides the Board with the additional responsibility of certifying all surgical assistants in the Commonwealth. This action was the result of SB206, which creates a six-member Advisory Committee for Surgical Assistants that will report to the Board.

The full Board met quarterly to review applications for medical and osteopathic licensure. At these meetings, 1,148 applications were considered for licensure. As a result, 750 new medical licenses were granted and 52 osteopathic licenses were issued. The Board also issued 652 temporary permits to practice in the state and issued 208 residency training licenses and 53 institutional training licenses. The Board also certified 77 new physician assistants, bringing the total number of physician assistants currently practicing in the state to 630. We also certified 37 new athletic trainers. At present there are 285 athletic trainers certified to practice in the state.

The Board's Physician Assistant Advisory Committee helps handle all matters relating to physician assistant activities. This committee met four times this year and recommendations from the advisory committee were acted upon at the Board's quarterly meetings. The State Council on Athletic Trainers also held four meetings.

The Council assists the Board in the handling of athletic trainer matters and makes recommendations regarding certification.

In order to maintain consistency with all new physician assistant graduate applicants, the Board has adopted a policy that a physician assistant be required to have two continuous years of experience before the Board approves off-site supervision. Direct or on-site supervision will be required at all times during a physician assistant's first two years of practice unless a waiver has been requested by a supervising physician and approved by the Board. A primary or alternate supervising physician will have to be, at a minimum, on-site during a physician assistant's work shift during this two-year period.

For the past several years the Board has been developing guidelines for office-based surgery. Under the leadership of Board member, Linda Mumford, M.D., guidelines were drafted and directed to the medical and osteopathic schools for input. The guidelines were also sent to several US specialty boards for review and comment. At our December meeting guidelines were adopted. In an effort to make physicians aware of the guidelines, they have been printed in various publications. The Board is hopeful these guidelines will assist physicians in their day-to-day practice.

The Board continues to provide funding and support to the Kentucky Physicians Health Foundation. The primary purpose of this program is to provide the early identification, intervention, treatment and rehabilitation of physicians who may be impaired by reason of illness, alcohol or drug abuse, or as a result of a mental condition. Working with Burns M. Brady, M.D., Medical Director of the Impaired Physicians Program, many physicians are rehabilitated and under proper supervision have been able to return to an active medical practice.

By law, the Board is required to investigate all grievances filed against physicians holding a Kentucky medical or osteopathic license. The Board's Inquiry/Hearing Panels review all disciplinary cases brought against individuals licensed or certified by the Board. The Panels met 10 times this year and reviewed 245 grievances, including 146 investigative reports. As a result, formal disciplinary action was initiated against 48 physicians' licenses. These actions resulted in three licenses being placed on probation, 12 licenses being surrendered, 9 licenses being revoked and 30 being restricted. Currently 189 physicians' licenses are under an Order of the Board and another 25 are under a Letter of Agreement with the Impaired Physician Program.

At the present time we have five full-time investigators who are responsible for investigating grievances filed against physicians practicing in the state and monitoring physicians whose license have been disciplined by the Board. Currently there are 134 open investigations and 214 physicians are being monitored as a result of disciplinary action being taken against their license. As investigations are completed, they are

reviewed by the Board's Inquiry Panels to determine if any violation of the Medical Practice Act occurred. If violations are found, they are referred to the Board's legal department for handling.

Based on statistics compiled by the Public Citizens' Health Research Group, a health care consumer advocacy group in Washington, D.C., the Board remains one of the more active disciplinary boards in the country. In 2003 Kentucky ranked first in the number of serious disciplinary actions taken against physicians practicing in the state. The Board remains committed to the protection of the public by taking appropriate disciplinary action in a timely manner when violations of the Medical Practice Act occur.

The United States Medical Licensing Examination (USMLE) is the standard medical licensing examination utilized by all medical boards for testing new graduates. Applicants for initial licensure must pass all three parts of the examination in order to be eligible for licensure. This year a clinical skills examination was added. The examination is a computer-based test and administered by the Federation of State Medical Boards. Computer-based testing is given throughout the country on a year-round basis. Osteopathic physicians applying for licensure must pass the USMLE or the COMLEX USA administered by the National Board of Osteopathic Examiners.

In accordance with state statute all physicians practicing in the state must renew their license by March 1st of each year in order to keep their license active. This year 9,053 physicians in the state renewed their Kentucky licenses. Another 3,875 physicians outside the state renewed their license. Currently there are 12,928 physicians maintaining a Kentucky medical or osteopathic license. While the total number of physicians practicing in the state increased the number of physicians practicing obstetrics/gynecology, general surgery and orthopedic surgery continue to decline.

We continue to publish our newsletter in an effort to communicate with physicians practicing in the state. The newsletter is published quarterly and is sent to all physicians who have an active Kentucky license. It is our intention that this publication will serve as an educational source to Kentucky physicians and call to their attention any changes in statutes, regulations or practice guidelines dealing with the practice of medicine. It also lists all disciplinary actions recently taken by the Board against physicians practicing in the state. All Board actions taken against physician licenses are also e-mailed to all hospitals in the state monthly.

The Board's website continues to provide a comprehensive source of information on physicians around the clock at kbml.ky.gov. The site contains information about the Board, policy statements and guidelines, a direct link to the state Medical Practice Act, administrative regulations and other valuable information for the public as well as for physicians, physician assistants and athletic trainers. The site also contains a profile of

physicians holding an active Kentucky medical license as well as any Board action taken within the last 10 years.

By statute, physicians maintaining an active Kentucky medical or osteopathic license are required to obtain sixty hours of continuing medical education every three years. Currently, we are in the second year of the three-year cycle that began on January 1, 2003 and ends December 31, 2005. Audits are done throughout the year on physicians for the previous three-year cycle. Physicians who fail to meet this requirement are fined and granted six months to comply; otherwise their license will be suspended indefinitely. Physicians are also required to obtain 2 hours of HIV/AIDS continuing education every ten years, with the exception of new licensees who must meet the requirement prior to initial licensure. All primary care physicians are required to complete a one time three-hour training course in domestic violence as required by statute. Newly licensed primary care physicians are required to meet the domestic violence requirement within three years of issuance of their initial license.

For the past year, the Board had an operating budget of over \$2 million. This Board receives no funds from the State General Fund, with all income to operate the Board's office being generated from fees charged to physicians, physician assistants and athletic trainers. We currently have eighteen full-time employees to carry out the Board's responsibilities, including our own legal department that handles disciplinary proceedings and other legal matters. The Attorney General's office continues to provide hearing officers in disciplinary cases that come before the Board.

Attachment 1 is a copy of a program status report summarizing the various activities of the Board for the past year. The report includes the number of meetings held by the Board and it's advisory committees, the various licenses issued to physicians, physician assistants and athletic trainers. Attachments 2 and 3 contain percentage breakdowns of the source and type of grievances filed against physicians during the year. A total of 242 grievances were filed against physicians last year.

The Board continues to utilize physician consultants for reviewing medical records to evaluate the competency of physicians against whom complaints have been filed. All consultants are board certified by an approved United States specialty board. These physicians provide a valuable service to the Board and the people of the Commonwealth. They provide opinions regarding the care rendered by physicians who are the subject of investigations. These physicians review patient records and provide recommendations pertaining to compliance with standards of care. While these individuals receive only minimal compensation, they perform an extremely valuable function for their profession and the Board is very grateful for their help.

This is a brief summary of some of the many activities this Board has been involved with this past year. In closing, I would like to express my appreciation to the members

of the Board and staff for the hard work and commitment they have brought to the task of carrying out the Board's statutory responsibilities. The Board looks forward to the challenges that lie ahead and will continue its efforts to improve the quality of medical care being provided by physicians practicing in the Commonwealth and protect the best interests of the public when violations of the Medical Practice Act occur.

Kentucky Board of Medical Licensure Status Report

Meetings Held	FY2004
Board of Medical Licensure	4
Inquiry/Hearing Panels	10
Physician Assistant Advisory Committee	4
State Council on Athletic Trainers	4
Services Provided	
Physicians Registered in State	9,053
Physicians Registered Out of State	3,875
Applications for Initial Licensure Reviewed	1,148
New Medical Licenses Issued	750
New Osteopathic Licenses Issued	52
Temporary Permits Issued	652
Fellowship Training Limited License	27
Institutional Practice Limited Licenses	53
Residency Training Licenses	208
Faculty License	9
Limited Licenses Renewed	13
Applications Denied	6
Active Physician Assistants Certified	630
New Physician Assistants Certified	77
Active Athletic Trainers Certified	285
New Athletic Trainers Certified	37
Disposition of Grievances and	
Disciplinary Actions Taken	
Grievances Received	241
Grievances Reviewed	245
Grievances Investigated	146
Grievances Pending	134
Malpractice Cases Reviewed	135
Disciplinary Proceedings Initiated	48
Letters of Agreement Initiated	6
Complaints Issued	28
Emergency Orders of Suspension	12
Emergency Orders of Restriction	6
Disciplinary Hearings Held	13
Licenses Probated	3
Revoked	9
Suspended	4
Restricted	30
Surrendered	12
Letters of Agreement	11
Agreed Orders	6



